

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>0 1 - 0 2</u>	2. STATE: Maryland
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medicaid	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2000	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: See Attached	7. FEDERAL BUDGET IMPACT: a. FFY 2000 \$ 0 b. FFY 2001 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19 A&B Page 53-A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): New

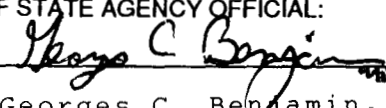
10. SUBJECT OF AMENDMENT:

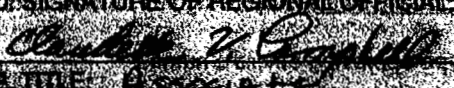
This amendment revises the fee-for-services reimbursement methodology for Federally Qualified Health Centers.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Joseph Millstone, Executive Director
Office of Health Services

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Joseph Millstone, Executive Director Office of Health Services Room 127 201 West XXXXXXXXXXXXXXXX Preston Street Baltimore, Maryland 21201
13. TYPED NAME: Georges C. Benjamin, M.D	
14. TITLE: Secretary	
15. DATE SUBMITTED: September 28, 2000	

FOR REGIONAL OFFICE USE ONLY	
7. DATE RECEIVED: SEP 28 2000	17. DATE APPROVED: SEP 28 2000
PLAN APPROVED - ONE COPY ATTACHED	
9. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 01 2000	18. SIGNATURE OF REGIONAL OFFICIAL: 
11. TYPED NAME: Charlotte V. Campbell	19. TITLE: Regional Administrator HCFA/OMSA
20. REMARKS:	

18. For services rendered from July 1, 1999 through June 30, 2000, the reimbursement rate shall be the interim rate that was in effect on June 30, 1999 calculated in accordance with 1 through 16.
19. For services rendered from July 1, 2000 through June 30, 2001, the reimbursement rate shall be the rate in effect on June 30, 2000 increased by the change in the Medicare economic index for calendar year 1999.
20. For services rendered from July 1, 2001 through June 30, 2002, the reimbursement rate shall be a federally qualified health center's final settled per visit rate for the fiscal year that includes June 30, 1999 increased by the change in the Medicare economic index for calendar years 1999 and 2000.
21. For services rendered on or after July 1, 2002, and on each July 1 thereafter, the reimbursement rate shall be the previous year's reimbursement rate increased by the change in the Medicare economic index for the previous calendar year.

TN No. 01-02
Supercedes
TN No. NEW

Approval Date: DEC 05 2000
Effective Date: JUL 01 2000